

# Trace Identity Services, Inc.

[www.traceidentitysi.com](http://www.traceidentitysi.com)

email: [traceidentity@sbcglobal.net](mailto:traceidentity@sbcglobal.net)

Licensed Fingerprint Vendor Agency LIC:262000002

222 Vollmer Rd. Suite AC

Chicago Heights, IL 60411

Phone: (708) 754-2900 Fax: (708) 754-2999

## Out of State Fingerprinting Card Scan Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI. \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color : \_\_\_\_\_

Eye color: \_\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth (State or Country if outside USA) \_\_\_\_\_

Country of Citizenship: US-United States \_\_\_\_\_ CD-Canada \_\_\_\_\_ MM-Mexico \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

(Please print neatly in all capital letters)

Please check purpose of fingerprinting below:

<input type="checkbox"/>	Registered Nurse (RN)	<input type="checkbox"/>	Chiropractic Licensee (CHI)
<input type="checkbox"/>	Licensed Practical Nurse LPN)	<input type="checkbox"/>	Physician Licensee (PHY)
<input type="checkbox"/>	Massage Therapist (MTH)	<input type="checkbox"/>	Private Security (Perc Card)
<input type="checkbox"/>	Real Estate Appraisers (GRA / RRA / ARA)	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Please include the following in mailing envelope to Trace Identity Services, Inc.

222 Vollmer Rd Suite AC

Chicago Heights, IL. 60411

Completed Fingerprint Card Black Ink or Digital

Payment: Money Order, Company Check or Credit Card Payment  
(No personal checks)

Out of State Fingerprinting Card Scan Form

Identity Verification Certifying Statement (OOS-FP) completed original form.

Copy of your Driver's license, State ID or U.S. Passport.

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## Credit Card Payment Form

\*Required Fields

### Applicant Name

\*Name

(as it

appears on credit card)

Company Name (if applicable)

\*Billing Address

Billing Address 2

\*City

\*State/Province

\*Postal (Zip) Code

\*Country

### Payment Information

Please circle:

Visa   Mastercard   American Express   Discover   Money order

Credit Card number # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card: \_\_\_\_\_

3 or 4 digit CVV Code listed on the back of credit card \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

\*Total Amount to be Billed to Credit Card \$

I understand and agree to the cardholder agreement and by doing so, give Trace Identity Services, Inc. permission to charge the above card for amount listed.

\*Card Holder Signature \_\_\_\_\_